

**Maine Medical Use of Marijuana Program  
Maine Department of Health and Human Services  
Division of Licensing and Regulatory Services  
41 Anthony Avenue, SHS #11  
Augusta, ME 04333-0011**

**Release of Medical Information**

As part of an application for a registry identification card to lawfully possess and/or obtain marijuana for medical use, the condition for which a physician recommends the use of marijuana for medical purposes must meet certain requirements provided by law.

**I hereby give permission to a representative of the Maine Medical Use of Marijuana Program, Division of Licensing and Regulatory Services, Department of Health and Human Services, to request information from the physician(s) who has made that recommendation for medical use of marijuana to determine that it meets statutory requirements.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Or Legal Guardian's Name (if applicable)

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Name of Physician